PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number
1180
09/662353

		CLAIMS AS	S FILED -	PART	l		s	MALL EN	JTITY		OTHER	THAN
(Column 1)					(Colu	mn 2)		YPE		OR	SMALL	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER	FILED	NUMB	ER EXTRA	E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGEA	BLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
INE	EPENDENT CL	_AIMS	minus 3 =		*		ľ	X40=	-	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							ŀ	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	. 19	Minus	"of	0	=		X\$ 9=		OR	X\$18=	1
AME	Independent	NTATION OF MI	Minus	***	2 CI AIM	=		X40=		OR	X80=	
<u> </u>	THOTTHESE	INTATION OF INC	DETIFIE DET	FENDENI	CLAIN			+135=		OR	+270=	
			· b === -==					TOTAL		OR	TOTAL ADDIT. FEE	/
		(Column 1)		(Colur	mn 2)	(Column 3)	AL	DDIT. FEE			ADDII. FEE	Í
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	PENDENT	CLAIM			+135=		OR	+270=	
							L	TOTAL	-		TOTAL	
		(O-1, 4)		'0 1	0)	,	ΑC	DDIT. FEE		OR	ADDIT. FEE	
	N. 19-24	(Column 1) CLAIMS	Free Park	(Colur HIGH		(Column 3)	_			ı		
MENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	*** PENDENT	CLAIM	=		X40=		OR	X80=	
			JETH EE DEI	LINDEIN	CLAIIVI			+135=		OR	+270=	
• 1	f the entry in colu If the "Highest Nu	mn 1 is less than th	ne entry in colu aid For" IN THI	ımn 2, write	e "0" in col	umn 3. n 20. anter "20."		TOTAL		ΩD.	TOTAL	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, onter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECO								ORD 09/682255					
	Effective October 1, 2000 9D-DW-19324													
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN			
TO	TAL CLAIMAC		(Column	1)	(Column 2)			TYPE		OR	SMALL	ENTITY		
TOTAL CLAIMS				1				RATE	FEE		RATE	FEE		
FO	R		NUMBER F	ILED	NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00		
TO	TAL CHARGEA	BLE CLAIMS	M min	us 20=	. 0			X\$ 9=		OR	X\$18=	:		
	EPENDENT CL			nus 3 =	0			X40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	710		
Am J + A CLAIMS AS AMENDED - PART II									·	•	OTHER			
	114 11	(Column 1)		(Colui				SMALL		OR	SMALL			
AMENDMENT A	***	REMAINING AFTER AMENDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE /		
NDM	Total	. 21	Minus	2	0	= /	X\$ 9	X\$ 9=		OR	X\$18=	18		
AME	Independent	* 5	Minus	FNDEN	S TCLAIM	= 2		X40=		OR	X80=	168		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=			
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	130		
	(Column 1) (Column 2) (Column													
æ		CLAIMS REMAINING	2. of 1/2 of		HEST IBER	PRESENT	Г		ADDI-			ADDI-		
ENT		AFTER AMENDMENT			OUSLY FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT	Total	. 22-18	Minus	** 2	1			X\$ 9=	-	OR	X\$18=			
AME	Independent	* 65 NTATION OF MI	Minus	***	CLAIN			X40=	Ĵ	OR	X80=			
	FINOT PHESE	VIATION OF IVI	JUITLE DEP	ENDEN	CLAIIVI		'	+135=)	OR	+270=			
							L	TOTAL ADDIT. FEE		OR	TOTAL			
	(Column 1) (Column 2) (Column 3)								<u> </u>		ADDIT. FEE	7		
5		CLAIMS	N. Y. S. W. S. W. S.	HIGH	HEST		Г		ADDI-	1		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE		
Š	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***		=		X40=		OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	.070	<u> </u>		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=				
**	If the "Highest Nur	mber Previously P	aid For" IN THI	S SPACE	is less tha	an 20, enter "20.	" <i>p</i>	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														